

PD3000056173

Florida Department of State
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE
BROAD ANESTHESIA MANAGEMENT CO.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

C. LEWIS

AUG -5 2013

EXAMINER

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROAD ANESTHESIA MANAGEMENT CO.
Name of Corporation

DOCUMENT NUMBER: P03000056173

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HARVEY PLOSKER

Name of Contact Person

BROAD ANESTHESIA MANAGEMENT CO.

Firm/Company

501 GLADES ROAD, BOCA RATON, FL 33432

Address

501 GLADES ROAD, BOCA RATON, FL 33432

City/State and Zip Code

hpmd00@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HARVEY PLOSKER

Name of Contact Person

at 561, 362-4400

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: BROAD ANESTHESIA MANAGEMENT CO.
- 2. The principal office address: 501 GLADES ROAD, BOCA RATON, FL 33432
- 3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/21/2003 Document number: P03000056173

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

HARVEY PLOSKER
501 GLADES ROAD
P.O. Box NOT acceptable
BOCA RATON, FL 33432

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TALLAHASSEE, FLORIDA

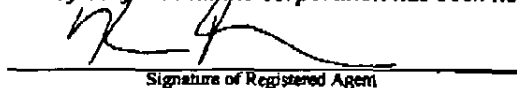
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.


Signature of an officer or director

Andrew Barnett, President and CEO
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

7/15/13
Date

If signing on behalf of an entity:

Harvey Plosker
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314